

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034303

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 211DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/5910365
2810

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9420.1

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122-0

135-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Length of stay in 1b <u>1 hr.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Newburg</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>G.</u> Last <u>VanKirk</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/7/1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grisco R.R.</u>	
13a. FATHER'S NAME <u>Amon Van Kirk</u>		13b. MOTHER'S MAIDEN NAME <u>Josie Heaven</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. 2</u>		17. INFORMANT <u>Frances Van Kirk</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>Oct. 10, 1962</u> to <u>Oct. 10, 1962</u> and last saw him alive on <u>Oct. 10, 1962</u> Death occurred at <u>3:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John Bryan MD.</u>		22b. ADDRESS <u>Washington Mo</u>	
22c. DATE SIGNED <u>10-10-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct. 12, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10/10/62</u>	
24. FUNERAL DIRECTOR <u>Muller & Sons, Rolla, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Leola C. Hickman</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 8 1963
OCT 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester A. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.